

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 78780
Milwaukee, WI 53293-0780
FAX #: (608) 267-0592
Phone #: (608) 266-2112

Office Location: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: DSPSCredTrades@wi.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING **INSTRUCTIONS FOR SOIL EROSION INSPECTOR APPLICATION**

Requirements for Credential

Per [Wis. Admin. Code § 305.63](#), no person may conduct the inspection of one- or two-family dwellings for the purpose of administering and enforcing [Wis. Admin. Code § SPS 321.125](#), unless the person holds a certification issued by the Department as a certified Soil Erosion Inspector..

A person who inspects one- or two-family dwellings as a certified Soil Erosion Inspector shall:

- Maintain a record of the inspections made including the dates and the findings of the inspections;
- Provide a copy of the inspection report to the property owner or his or her agent;
- Make available to the Department upon request his or her inspection records.

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

1. **Application and Fee:** The fee consists of a \$15 application fee and a \$40 prorated credential fee, based on a 4 year term from June 30th. The fee table on Page 1 includes both the application fee and prorated credential fee.
2. **Training Course:** A person applying for a Soil Erosion Inspector certification shall have completed an approved training course on soil erosion control standards.

Attach verification of completion of an approved training course on soil erosion control standards. For a list of approved courses, please view the Department website at <http://dsps.wi.gov> under “Licenses, Permits, and Registrations” and select “Trades Professions.”

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DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

APPLICATION FOR SOIL EROSION INSPECTOR CERTIFICATION

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

**PLEASE TYPE OR
PRINT IN INK**

☐ Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name

First Name

MI

Date of Birth

 / /

Address (street, city, state, zip)

Daytime Telephone Number

 - -

Social Security #

 - -

Your Social Security Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.

Have you ever held a Trades credential in WI?

☐ Yes

☐ No

If yes, list your credential number:

Email Address

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- ☐ **I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see further information below)
- ☐ **Initial Credential Fee** (see Prorated Credential Fee Table below)
- ☐ **Reinstatement Fee (credential expired more than 4 years)**
(\$25.00 Late Renewal Fee + Prorated Credential Fee below)

**APPLICATION IS NOT COMPLETE UNTIL ALL OF THE
FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:**

- ☐ **Fee and Application** (including signature on Page 2)
- ☐ **Supporting Documentation** (see Page i for instruction, i.e. training course verification)
- ☐ Is name on all credentials the same? If not, list former/maiden name(s):

Prorated Credential Fee Table			
Select the month the application is mailed. The fee below includes both the application and credential fee.			
<input type="checkbox"/> January - \$50.02	<input type="checkbox"/> February - \$49.19	<input type="checkbox"/> March - \$48.36	<input type="checkbox"/> April - \$47.53
<input type="checkbox"/> May - \$46.70	<input type="checkbox"/> June - \$45.87	<input type="checkbox"/> July - \$55.00	<input type="checkbox"/> August - \$54.17
<input type="checkbox"/> September - \$53.34	<input type="checkbox"/> October - \$52.51	<input type="checkbox"/> November - \$51.68	<input type="checkbox"/> December - \$50.85

ARE YOU A VETERAN? If yes, please view the Department website at <http://dsps.wi.gov> under "Licenses, Permits, and Registrations" and select "Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses" for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? ☐ Yes ☐ No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

You may contact the DVA at 1-800-WisVets or www.WISVET.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

Wisconsin Department of Safety and Professional Services

RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> under “Licenses, Permits, and Registrations” and select “Trades Professions.”

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- ☐ A citizen or national of the United States, or
- ☐ A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. § 1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature: Date: / /